

Customer Service DivisionOffice locations - 7447 E. Indian School Road, Suite 110
Scottsdale, Az. 85251-4468

or

9379 E. San Salvador Dr, Suite 100
Scottsdale, Az. 85258Mailing Address - 3939 N. Drinkwater Blvd.
Scottsdale, AZ 85251-4468

Telephone - (480) 312-2400



TC - 2001

SOLICITOR APPLICATION**OFFICE USE ONLY**

License Fee \$ _____ per day x _____ = Fee \$ _____

Records Check Fee \$ _____ Total Fee Due \$ _____

License Number _____ Privilege/Business Tax Number _____

APPLICANT INFORMATION

Applicant Name

Area Code

Home Telephone No.

Street No. (N,E,S,W)

Street Name

Type

STE./APT. Number

(ST. DR. AV.)

City

State

Zip

Solicitation Dates

In Scottsdale _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Date of Birth: _____ SS#: _____ Drivers Lic. #: _____

Prior (2) two residential addresses:

Address

City

State

From (Date)

To (Date)

Employment/Prior Business: Begin with most recent job.

Employment Date

From - To

Employer Name

Address

Phone

Have you previously operated in this or another city or state under a license?

☐ Yes☐ No

If yes, please list below:

Name

Location

License Number

If so, has such a license ever been revoked or suspended?

☐ Yes☐ No

If yes, please give explanation: _____

SOLICITOR APPLICATION (CONTINUED)

Have you ever been convicted in any jurisdiction of a felony, or any misdemeanor involving fraud, theft, dishonesty, assaultive conduct or morale turpitude? ☐ Yes ☐ No

If yes, you must provide specific information describing:

Who	Offense	Where Offense Occurred	Date of Offense	Court(s) Entered Into

Business Name, Business Location, Business Telephone

<input type="text"/>																				<input type="text"/>			<input type="text"/>			<input type="text"/>		
Business Name (of business represented)																				Area Code			Home Telephone No.					
<input type="text"/>				<input type="text"/>	<input type="text"/>																<input type="text"/>		<input type="text"/>					
Street No.				(N,E,S,W)	Street Name																Type (ST. DR. AV.)		STE./APT. Number					
<input type="text"/>																<input type="text"/>		<input type="text"/>										
City																State		Zip										

Name of Business Owner _____

Type of product or service sold: _____

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO, BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

I REALIZE THAT I MAY BE RESPONSIBLE FOR THE REPORTING AND REMITTING OF SALES TAX OR BUSINESS TAX TO THE CITY OF SCOTTSDALE IN CONJUNCTION WITH THIS LICENSE. I FURTHER UNDERSTAND THAT THIS LICENSE IS SUBJECT TO **INVESTIGATION** AND FOR CAUSE **MAY BE DENIED** AND THIS LICENSE FEE IS **NON-REFUNDABLE**.

Date

Applicants Signature

FOR POLICE DEPARTMENT USE ONLY

Recommendation: Approved: _____ Denied: _____ Date: _____

If Denied - Reason: _____

Officer I.D. No.